

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee McCarthy Hennings Whalen		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2017
Mailing Address 1850 M Street NW Suite 235		Amount 1369.00
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Media production	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2017
Name of Federal Candidate Quist, Rob, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 2038305.86		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ Special General

Full Name of Payee Mentzer Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2017
Mailing Address 210 W. Pennsylvania Ave. Suite 250		Amount 132466.20
City Towson	State MD	Zip Code 21204
Purpose of Expenditure Media placement	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 05 / 11 / 2017
Name of Federal Candidate Quist, Rob, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 2170772.06		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ Special General

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	133835.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	133835.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 14 / 2017

Signature